



JUL 28 2004 2:48PM

AVENTIS US PAT DEPT

NO. 5818 P. 2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26633

7590

04/29/2004

HELLER EHRMAN WHITE &amp; MCAULIFFE LLP

1666 K STREET, NW

SUITE 300

WASHINGTON, DC 20006

Aventis Pharmaceuticals Inc

300 Somerset Corporate Blvd

Bridgewater, NJ

08807

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Generia Walker (Depositor's name)  
Generia Walker (Signature)  
7-28-2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,734	10/27/2003	Gerhard Jachne	38005-0188	9724

TITLE OF INVENTION: POLYSUBSTITUTED INDAN-1-OL SYSTEMS FOR THE PROPHYLAXIS OR TREATMENT OF OBESITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VOLLANO, JEAN F	1621	514-708000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Heller Ehrman White &amp; McAuliffe LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Aventis Pharma Deutschland GmbH  
Reel/Frame 013875/0758

Frankfurt, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies

4

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1982 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/29/2004 SHASSEN2 00000075 181982 10692734

01 FC:1501 1330.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 12.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



28. 2004 2:47PM

AVENTIS US PAT DEPT

NO. 5818 P. 1

**FAX TRANSMITTAL  
TO THE UNITED STATES PATENT OFFICE****Applicants Docket Number:**  
**DEAV2001/0052 US NP 1****Applicants:**  
**Gerhard Jaehne et al****Serial No.**  
**10/692,734****Filing Date:**  
**October 27, 2003****Title of Invention:**  
**POLYSUBSTITUTED INDAN-1-OL SYSTEMS FOR THE PROPHYLAXIS OR TREATMENT OF OBESITY****CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, 703-746-4000, at \_\_\_\_\_, on \_\_\_\_\_

Date of Deposit July 28, 2004Printed Name of Person Signing Certificate Generia WalkerSignature Generia Walker**Total Number of Pages Sent: 2****Attorney: Barbara E. Kurys****Group Art Unit: 1621****Examiner: Vollano, Jean F.****TO:**Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450Please acknowledge receipt of the below-listed documents for the above Application by returning this sheet, signed and dated, by return telefax to (908) 231-2626. If any fees are required, please charge our deposit account (18-1982) in the name of **Aventis Pharmaceuticals Inc.**

- |   |  |
|---|--|
| <input type="checkbox"/> Amendment, 37 CFR _____                          | <input type="checkbox"/> Fee Transmittal             |
| <input type="checkbox"/> Charge deposit account, in duplicate             | <input type="checkbox"/> Petition under 37 CFR _____ |
| <input type="checkbox"/> Extension of Time Petition                       | <input type="checkbox"/> Other _____                 |
| <input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Maintenance Fee Transmittal                      |  |

**Receipt Confirmed:**\_\_\_\_\_  
**Signed**\_\_\_\_\_  
**Dated**Aventis Pharmaceuticals Inc., Route 202-206, P.O. Box 6800, Bridgewater, New Jersey 08807, U.S.A. [www.aventis.com](http://www.aventis.com)  
NOTICE: The documents accompanying this telecopy transmission are intended only for the use of the individual or entity named above. If you have received this telecopy in error, please immediately notify the sender by telephone to arrange for the return of the original documents.

Aventis Pharmaceuticals Inc. template (March 2001)